**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/678,294
Filing Date	10/03/2003
First Named Inventor	Donald E. Weder
Art Unit	3721
Examiner Name	S. Tawfik
Attorney Docket Number	8404.005

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input checked="" type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation of POA,<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
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1. Transmittal Form (1 page);  
2. Express Abandonment Under 37 CFR 1.138 (1 page); and  
3. Postcard.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

DUNLAP, CODDING &amp; ROGERS, P.C.

Signature

Printed name

Kathryn L. Hester

Date

February 16, 2006

Reg. No.

46,768

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: \*\*\* SENT BY EXPRESS MAIL, EV 720060210 US DATED February 16, 2006\*\*\*

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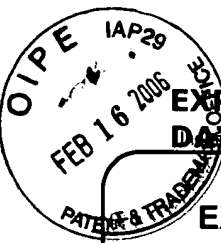
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Date

February 16, 2006

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Attorney Docket Number	8404.005

Please check only one of boxes 1 or 2 below:

(If no box is checked, this paper will be treated as a request for express abandonment as of the filing date of this paper.)

1. ☒ **Express Abandonment**  
I request that the above-identified application be expressly abandoned as of the filing date of this paper.
2. ☐ **Express Abandonment in Favor of a Continuing Application**  
I request that the above-identified application be expressly abandoned as of the filing date accorded the continuing application filed previously or herewith.

This application is being abandoned as the inventive concept claimed herein has been sufficiently covered in other issued patents or pending applications.

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- I am the: ☐ applicant.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration Number 46,768
- ☐ attorney or agent acting under 37 CFR 1.34 (may act under 37 CFR 1.34 only if box 2 above, stating that the application is expressly abandoned in favor of a continuing application, is checked). Attorney or agent registration number if acting under 37 CFR 1.34. \_\_\_\_\_  
(Attorney or agent registration number)

Signature

02/16/2006

Date

Kathryn L. Hester

Typed or printed name

405-607-8600

Telephone Number

**Note:** Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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